The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

2000

1. PLACE OF DEATH: / /	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County County	(For newborn of spice give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County		
	City or town. (1f outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(if outside city or town limits, write at UKAL and give nearest town)		
na	Street No		
How tong in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Edward I Suda	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20		
m ce m	20. DATE DE DEATH AJUL 321 / 21/8 1 8 9 M		
como / /n / /	21. I CERTIFY that death occurred on the date above stated; that Toward deceased from		
6.(b) Name of husband or wife	april 32 19 & 810 18		
7. Birth date of	and that t last saw haftre on		
deceased (mo., day, yr.) alast 1873			
8. AGE: Years   Months   Days   If less than one day	7- 4-		
. 7 ( (9)hrsmin.			
10/10-11-6 601	Material Courses		
9. Birthplace	Due to.		
10. Usual occupation and bistalie	41		
11. Industry or business July Pull / Ag.	Due to		
	5		
12. Name the many sould for the state of the	Dither conditions		
	(Include pregnency within 8 months of death)		
14. Malden name Berben MA	Major findings of operations		
E 15. Birthiptager, Bloken md	Date of op.		
16, Informant do As June 1	Autopsy results		
WIN XX	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Address U Y U Y U Y	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (yeur)	Accident, suicide, or homicide		
Cemetery or crematory Asua Bulkel apple - 7-49	Where did injury occur?		
Cemetery of Crematory			
Location 13 balls 33 34	Injured at home, farm, industry, public place (where?)		
18. Funeral director Aspels H. Slewast	Means of injury injured at work?		
Address / Salisland and	1 T. Santani Most		
40: 40	3. SIGNATURE M. D. or other		
19	Address Date signed 7.8		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

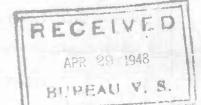
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04330

### CERTIFICATE OF DEATH

Reg. Dist. No. 355

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For numbers i stants give residence of mother)  Slate
3.(a) FULL NAME William Budi	3. (b) Social Security Number
4. Sex  1. Single, married, widowed, or divorced  1. Marrief  1. Budings  1. Sex  1. S	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Feb. 10 - 1889  8. AGE: Years Months Days 11 less than one day	and that last saw h 1 2 2 5 4 9 19 19 19 19 19 19 19 19 19 19 19 19 1
9. Birthplace	Due fo.
11. industry or business    12. Name   Budinger   13. Birthplace   Businesry	Other conditions
14. Maiden name Mushum  15. Birthplace  16. Information Edited J. Burdinger	Major findings of operations.  Date of op.
Addres Whale site Ma.  17. Build (Burial, cremation, or remain) Which?)  Date thereof. (Burial, cremation, or remain) Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Allena 17 6. Willia f. Hollon	Where did injury occur?
18. Puffersi director.  Address  Jahily Md.  19. 4-28-1948 Olden F. Haywa  (Date rec'd by registrar)	24 SIGNATURE Hallablin M. D. or other  Address Berlin mil Date signed 2664



#### MARYLAND STATE DEPARTMENT OF HEALTH

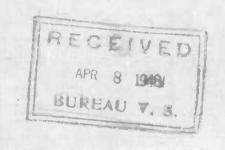
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04331

Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Workland	(For newborn infants give residence of mother)
City or town Pocomoke City	State Marshard Couply Warresley
(If outside city or town limits, write RURAL and given arest town)	City or town Pacamake City
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or streef address where death (curred:	Street No. 101 4th Street
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME /	3. (b) Social Security Number
Von Delica longe	the state of the s
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	0111 11 18 8-
Jemale Mule Vollowed	20, DATE OF DEATH TO 1970 av 3 4 M
Joshua Donohor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Spell 3 1948 10 18-9/11 1948
T. Birth date of	and that I last saw b 2 alive on 2 18
deceased (mo., day, yr.) June 9, 1858	,
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATION
00 7 0 2	My sailed by soule 31a
87 7 25hrsmin.	
9. Birthplace Quantico. Wicomico-Ma	Due to
(Town, county, and state)	
10. Usual occupation Hause Wife	
	Due to
11. Industry or business	
12. Name Charles Crawford  13. Birthplace Wccomics County	Other conditions
13. Birthplace Wccomes County	
mary O Twilly	(Include pregnancy within 8 months of death)
14. Maiden name mary a Twilley 15. Birthplace Q- Bu anties Md.	Major findings of operations
E 15. Birthplace Q- Muanties / Ma.	Oate of op
16. Informant Lacen Orisden	Autopsy results
and that P. Lat. n.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Walnut Sty totombre du Me	22. VIOLENCE: If death was due to external causes, fill in the following:
11 Burial Date thereo Upril 6, 1448	
(Burial, cremation, or remoyal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory of Marys Restoral Com	Where did injury occur?
Location Second St. Pocomoke, Mid	Injured at home, farm, industry, public place (where?)
6/6/2008 12.	Means of Injury Injured at work?
18. Funeral director	2011.4
Address Poramake City, Mile	1/ Y Southerge
1.01.01 16 0 JE MO: +	23. SIGNATURE M. D. or other
19 april 6, 1948 anne Co Thele	Be X Leads W. M. D. Ordiner
II (Date/mon'd by manufatury) Registron	Address / Bole slowed /



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#### MARYLAND STATE DEPARTMENT OF HEALTH

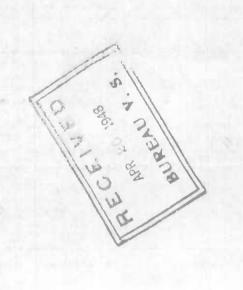
2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

04332 Reg. Dist. No. 3.5.5

1. PLACE OF DEATH: // /	2. USUAL RESIDENCE (HOME) OF DECEASED:
M/ ~ = a cilia	(For newborn inflats give residence of mother)
County	State Man county Warente
City or town	
	(If outside city or town limits, write RUBAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war.
	10 (1) C : 1C : N 1
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m	WEDICAL CERTIFICATION
W W Diversed	2D. DATE OF DEATH. 4 - 6 - 19 8 21 M
11/10/10	Section of the sectio
8,(b) Name of hueband or wite & Conence Bailey	21. I CERTIFY that death occurred on the date above stated: that tallended deceaced from
	apsil 4 try 48 to 19.
7. Birth date of 2 years	notes saw him along
7. Birth date of 72 1972	
deceased (mo., day, yr.)  RACE. Yeare   Months   Days   It less than one day	Immediate cause of death
8. AGE: Yeare Months Days It less than one day	
75 / 27hrsmin.	Makes ( Causes
9. Birtholder Wincester Co Md.	
9. Birthplace 19.00 Court of 19.	Due to A. A.
(Town, county, and state)	Josephy comeny use
10. Usuat occupation. Tarmer	The state of the s
ID, Wallst Volume to the control of	Due to
11. Industry or business	
12. Name Joseph Tooks 13. Birthplace Med.	Other conditions
E 2. March	
	(Include pregnancy within 3 months of death)
14. Maiden name Chinabeth Selles	
E 14. maiden name	Major findings of operations.
14. Malden name Colizabeth Stilles 15. Birthplace M.	Date of op,
Mellin Vales	
16. Informant	Actorsy results
Address 90 Church St n. U. City.	
The second second second	22. VtOLENCE: If death was due to external causes, till in the following:
17 Dunal Date thereof Popular 19 4	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (month) (day) (year)	Additional animal of the state
Cemetery or crematory.	Where did injury occur?
may 11 ment, mil	Injured at home, farm, industry, public place (where?)
Location / Location / Location / Location	
m taskal Writing	Meane of Injury Injured at work?
18. Funeral director	114 - 121
Address Sillersulle Alsl.	- 11 7 Apr - 1/1/21
AUDIESS CHAPTER TO THE PARTY OF	23 SIGNATURE 7
Hy Nelan F. Dollar	HOLD THE GATHER OF OTHER
(Dute rec'd by registrar)	Addres demote Wallet Date eignest 1 10 %



# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)
County.	State New Jersey County Cape May
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred	Street No. 346 H. andrews ane
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 HEODORE	MANSEN
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 4 3 8 0 19.48 21 1/ P.
6.(6) Namo of husband or wife Legrid nelson	21. I CERTIFY that death geogreed on the dato above stated; that fattended deceased from
	5 1 19 to 19
7. Birth date of deceased (mo., dey, yr.) 23 Jane 1885	and that I last saw h
8. AGE: Years   Months () Days   If less than one day	Immediate cause of death DURATION
62 10 7hrsmin.	
9. Birthpiace Norway	Due to Cadental
(Town, county, and state)	
10. Usual occupation.	Duo to
11. Industry or business	
12. Name Sklo Love Vansen  13. Birthplace Norway	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name No Soufo	Major findings of operations
15. Birthplace Working	Date of op,
16. Informant Mrs. Segred Plansen	Actopsy results
Address Hildwood, M.	
17. Burial, cremation, or remain, Which?) Date thereof Miny 7, 1948.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Frank Merie Pelson	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Company Company	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address Berlin md	1 distances
5-2- 48 Helen F. Houselot	3. SIGNATURE
(Date rec'd by registrar)	Address / como Le vist / d Date signed / 4 / 48

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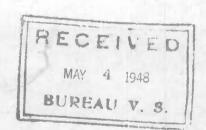
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

correct

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WRITE

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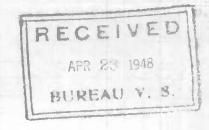


04334

## CERTIFICATE OF DEATH

C	ERTIFICATE	OF DEATH	Re	E. Diat. No. 35	7
County (If outside city or town limits, write RUKAL and How long In above place of death?	give nesrest town)	treet No	County County or town limits, write RU	RAL and give neares	lec st town)
How long in hospital or institution?	2	.(a) If veteran, name war			
3. (a) FULL NAME	Hollen	4		Social Security Nu	ımber
4. Sex Solor or race 6.(a)Single, married, w	dowed, or divorced	MEI	ICAL CERTIFI	CATION	,
male white mar		O. DATE OF DEATH		18 1148.	12
8.(6) Name of husbaod or wife	04		10 19 48 10	that I attended degeated	ed from
7. Birth date of deceased (mo., day, yr.) QC 12-18	.7 7	mmediate cause/of depth	/	a	DURATIO
	han one day		mary Ed	ma	4 da
B. Birthplace Pural Pocarata (Town, county, and state)	etu, mad.	oue to Hype Years	in Cardios disease	rescular	10 yr
10. Usual occupation		Jue to			
11. Industry or business		Other conditions decub	Aus Weers		1 hus
12. Hame Select Grades		Hy Bartal	ancy within 8 months of	uoma	1 week
		Major findings of operations			
14. Malden name. 21.32.				Date of op	, ,
18. latermant Mr. Raymond No.	alland	Autopsy results PHYSICIAN: Please underline t	he cause to which death	should be charged at	tatistically.
Address Renaly Stocklon	·	22. VIOLENCE: If death was du			
(Burial, cremation, or removal Which?)	TOTAL CONT.	Accident, suicide, or homicide			, 2200 00 000 200 000
Cemetery or crematory		Where did injury occur?			(State)
Location Rural Pacana		injured at home, farm, industry,		Injured at work?	6 × × 0 0 0 0 0 × × × 0 0 0 0 × 0
18. Funeral directo The Lange The La	Walson	Means of Injury	7/1	20.	20
Address Paconoha	md.	23. SIGHATURE	Ph. Va	Man.	r other
19. As. 2/ 19.46 Mary	M. / auf los. Registrar	Address Sna	will	Date signed	-20-

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

04333 Reg. Dist. No. 35/

1. PLACE OF DEATH: Marcathan	2. USUAL RESIDENCE (HOME) OF DEC	EASED:
County	State Many County	Varastu
City or town	1 0 1 11.00	000 Tr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
How long in above place of death? 2 3 years	(If outside city or town limits, write	RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.	
	(If rural, give LOCA	////
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME R. Klughlitt	3.	(b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERT	IFICATION 1130
maces while maried	20. DATE OF DEATH.	
6.(b) Name of husband or wife Jule W. Aughlett	21 DCERTIFY that death occurred on the date above stat	ed; that I altended deceased from
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jan 1946	., 10
7. Birth date of	and that I last saw halive on	7.4.819
8. AGE: Years Months Days If less than one day	Immediate passed death fighte Sel	noris 540
69 1 10 min.		
9. Birthplace May (Town, equity, and state)	Due to	
10. Usual occupation Preside letter Carner	Due to	
11. Industry or business	00810	
12. Name 15 MM P. Sugarfied	Dther conditions	***************************************
13. Birthplace	(Include pregnancy within 3 months	of death)
14. Maiden name	Major findings of operations	
\$ 15. Birthplace Maryland		
16. Informant J. J. Jeles W. Sughlight	Antopsy results	
Address Swew Velle, M. G.	22. VIOLENCE: If death was due to external causes, fl	
17. Date herent ffll (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory Spluning. Hat the	Where did injury occur?(City or town)	(County) (State)
(haster) ma	Injured at home, farm, Industry, public place (where?)	••••••••••••
Location		
18. Funeral director	Means of Injury	Injured at work?
Volan B. X and line	Means of Injury  23. SIGNATURE.	Injured at work?

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

938

04336 Reg. Dist. No. 355

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Winces les	
Clly or town (If outside city or town limits, write RURAL and give nearest town)	Sizie Colloty
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN MOORE MUMFOR	D.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH APRIL 9 19 4 8- 21 7:55 P.
6.(b) Name of husband or wife ELLA K. MUMFORD	21. I CERTIFY that death accurred on the date above shreet; that attended deceased from
7. Birth date of	years and that last saw h we alive on asked ty 19.48
deceased (mo., day, yr.) Auc. 6, 1882	Immediate cause of death Consularly Harabboses DURATION
8. AGE: Years Months Days If less than one day	April 9.
65 8 3hrs	. mln.
9. Birihplace Standard (Town, county, and state)	Due to Corovery Heart Just and 5 years
10. Usual occupation Cal- office I	Culeso school c Cardis - Judgunte
11. Industry or business	carcalar dixe are.
= 12 Name John Wesler Thum )	Dither conditions
13. Birthpiace Well	. )
	(Include pregnancy within 3 months of death)
14. Maiden name Kate More	Major findings of operations.
₹ 15. Birthplace	Date of op.
16. Informant Mass Irrue Krugen	Autopsy results.
Address Que Cili no 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 41.14	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Ever green	Where did injury occur?
Leveller Berlin md	Injured at home, farm, Industry, public place (where?)
0 0 0	Means of Injury Injured at work?
1B. Funeral director.	20) (M M)
Address Seeling mil	23 SIGNATURE TOWNS OF MINE
4-12, 48 Thelen F. Mount	M. D. or other
19. (Date rec'd by registrar) Regis	istrar Address Create City, M. V. Bate signed por 12,48



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04337

### CERTIFICATE OF DEATH

Rog. Diat. No. 354

1. PLACE OF DEATH: Wascester  County Startown Startology	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infinite give feeldence of mother)  State William County Makes like the state of t
City or town	Martine
How long in above place of death? 5/ years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death oof fred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ( ) Clisabeth lo. Parsons	3. (b) Social Security Number 218-05-9123
Sex 5. Soldr or race , 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Themale White Married	20. DATE OF DEATH WARL T 1948 at 745 M
8,(b) Hame of husband or wife Olmul J. Jausons	21/1 CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Sirth date of 16 16 1790	and that I last saw h et ailve on april 18.45
8. AGE: Years Months Bays If less than one day	Immediate cause of death Oreast 472
57 9 22 hrs. min.	wecutrent with
9. 8irthpiace (County, and state)	plus Same of Chair
1D. Usual occupation.	Due to.
11. Industry or business Alkanes B. Coultours	
12. Name Charles 6. Caulfoury  13. Sirthplace Mayland	Dither conditions
14. Maiden name	(Include pregnancy within 3 months of death)
15. 81rtholace Walnut and	Major fiadings of aperations.
16. Informan M. O. Charles Co. Jansans	Autopsy results.
Actives Stackton md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bug at, cremation, or pandyal, Which)  Date thereof. (ponth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or cremator A Cotts (Charles)	Where did injury occur? (City or town) (County) (State)
Location Stochlery mg	Injured at home, farm, industry, public ptace (where?)
18. Funeral director Alfay & Syspans (	Meens of injury injured at work?
Address Snow Will, mg	23. SIDNATURE / C & Shew MD
19. apr 10 19.48 mary M. Taylor (Date rec'd by registrar) Registrar	Address Date signed 4/8/4 &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

932 (14338 5 Reg. Diat. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worcestee.	(For newborn infants give reaidence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State. M. County Works to
	City or town Serles R.F.D.
How long in above place ot death?	(If outside city or town limits, write RURAL and give nearest town)
indepting institution of street desired and to state desired.	Street No.
How long in hospifat or institution? 54 years.	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME Q 0-0	3. (b) Social Security Number
Emory Dell Lullen.	216-09-5877
4. Sex (1) 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE OF DEATH. April 29 1948, at 930 Am
6.(b) Name of husband or wite Lielie J. Queller	21. LCERTIFY that death occurred on the date above stated; that Lattended deceased from
	206 (6 1948 to april 29 198
7 Right date of	and that I last saw h we glive on april 29 1948
deceased (mo., day, yr.) Jan. 10, 1893(3)	Immediate cause of death Congruency Resembles DURATION
8. AGE: Years Conths Days If less than one day	5 wes.
53 3 19hrsmin.	
9. Birthplace Berlin Won Co. md	man He sertenerus (V) 540
(Town, county, and state)	
10. Usual occupation Medianic	Phone that have some
11. Industry or business	Due to
	Au bu
12. Name Charles Juilles  13. Birthplace Maryland	Other conditions
	(Include pregnancy within 8 months of death)
E 14. Maiden name. Clumbones.	Major fiudings of operations
14. Malden name. Eller Jones.  15. Birthplace maryland.	Date of op.
16. Informant Mrs. Energy Dulley.	
B 1: L- 1 D da	Autopsy results
Address Iderline and CAD.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?), Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory January Communication	Where did injury occur?
Location Julius And R. T. D.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Dura R. Bushan	Means of Injury Injured at work?
Address B. J. D. J	20 hours of h. mil
E a line of J	A3. SIGNATURE.
19 2-2- 19 48 Helen 7. How was	de Ocean City hu. Con 30,48.
(Dute rec'd by registrar)	Address Date signed

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MAY 4 1948

BUREAU V. S.

PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()4333) Reg. Dist. No. 350

1. PLACE OF DEATH: Word ester Word ester Word state Word bourne (If outside eity or town limits, write RURAL and give nearest town) like ling in about pace of death Life tilme (If outside eity or town limits, write RURAL and give nearest town) like ling in about pace of death Life tilme (If outside eity or town limits, write RURAL and give nearest town) like ling in about pace of death Life tilme (If outside eity or town limits, write RURAL and give nearest town) like ling in about pace of death Life tilme (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside eity or town limits, write RURAL and give nearest town)  Street Ro.  (If outside live or town limits, write RURAL and give nearest town)  Street Ro.  (If outside live or town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town limits, write RURAL and give nearest town)  Street Ro.  (If outside live town lim							
State   Mail	County. Worcester		(For newborn infants give residence of mother)				
City of town. (If control of the con							
Rev long in above place of details LI SUALID	City or town(If	outside city or town liz	nits, write l	RURAL and give nearest town)	Welbourne		
Street Ko ((Froral, give LOCATION)  3. (a) FULL NAME  PAUL ROBERTS  4. Set  S. Color or race  S. (a) Single  S. (b) Name of bushand or wife  S. (c) It alive, give age  S. (d) Name of bushand or wife  S. (e) It alive, give age  S. (f) It alive, give age  S. (f) It alive, give age  S. (g)	How long in above place	e of death Lilet	1me		(if outside city or town limit	s, write RURAL and give near	est town)
How long in hospital or institution?  3. (a) FULL NAME  PAUL ROBERTS  4. Set  5. Solor or race  6. (b) Single  6. (c) It alive, give age 4. Set  5. Solor or race  6. (b) Name of hubbard or wife  6. (c) It alive, give age 5. Solor or race  7. Sorth date of deceased (mo. day, r.February 12, 1897  8. AGE: Years  8. Birthplace  Welbourne-Worcester-Maryland  7. Sorth date or (Town, county, and atate)  10. Usual occapation  7. Sorth date or (Town, county, and atate)  10. Usual occapation  8. Birthplace  Welbourne, Maryland  11. Indicator or business  12. Name  Blizabeth Broughton  13. Sorthplace  Welbourne, Maryland  14. Marken name  Elizabeth Broughton  15. Sorthplace  Stockton, Maryland  16. Informant  Essie Mills  Welbourne, Maryland  17. Sorthplace  Welbourne, Maryland  18. Sorthplace  Welbourne, Maryland  19. Sorthplace  Welbourne, Maryland  19. Sorthplace  Welbourne, Maryland  19. Sorthplace  Welbourne, Maryland  19. Sorthplace  Town, county, and atate)  19. Welbourne, Maryland  19. Sorthplace	Hospital, institution, o	or street address where d	leath occurre	d:			
3. (b) Social Security Number  PAUL ROBERTS  4. Set	***************************************						
## Action of the programment of				······································	2.(a) It veteran, name war		
Male Colored Single  6.(b) Name of husband or wife  5.(c) It alive, give age  6.(c) It alive, give age  6.(c) It alive, give age  7. Birth date of deceased (mo., day, mFebruary 12, 1897  8. AGE: Years Months  8. Birthplace Welbourne-Worcester-Maryland  10. Usual occupation  Farmer  11. Industry or business  12. Name  13. Birthplace Welbourne, Maryland  14. Maiden name  Flizabeth Broughton  15. Birthplace Welbourne, Maryland  16. Informant Essie Mills  Address Welbourne, Maryland  17. Birthplace Welbourne, Maryland  18. Enterial director or removal, Which; Date thereof April 10. 1948  Committee or removal, Which; Date thereof April 10. 1948  Committee or removal, Which; Date thereof April 10. 1948  Committee or removal, Which; Date thereof April 10. 1948  Committee or removal, Which; Date thereof April 10. 1948  Committee or removal, Which; Date or commotion, or removal, Which; December or removal, Which; Decation  Md-Va Line, Pocomoke Rt. #5  18. Funeral director H. Harvey Bradshaw  MEDICAL CERTIFICATION  20. Date of Beath  7. 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that lattended dagaged from 19. Mall alterator of the date above states: that latt	3. (a) FULL NAM					3. (b) Social Security N	lumber
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5.(c) Hame of husband or vite  5.(c) It alive, give age 4. Sirch date of deceased (mo., day, y, February 12, 1897  8. AGE: Years Months Days It less than one day 51 1 25	4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL C	ERTIFICATION	-
5.(c) It alive, give age years  8. AGE: Years Months Days It less than one day  5. Limbdate of deceased (mo., day, v.February 12, 1897  8. AGE: Years Months Days It less than one day  5. Limbdate of (Town, county, and atset)  9. Birthplace Welbourne—Worcester—Maryland  10. Usual occupation Farmer  11. Industry or business  12. Name John Roberts  13. Birthplace Welbourne, Maryland  14. Maiden name Blizabeth Broughton  15. Birthplace Stockton, Maryland  16. Informati Essie Mills  Address Welbourne, Maryland  17. Burial Burial  18. Burial Date thereof April 10.1948 (month) (day) (year)  Cemetery or cremation, or removal, Which!)  Cemetery or crematory ward town Cemetery  Location Md-Va Line, Pocomoke Rt, #3  18. Funeral director H. Harvey Bradshaw  19. 10. 13. Mand 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Male	Colored		Single	2D. DATE OF DEATH. Copil	7 19.48	1/2:214
Sirth date of deceased (mo. day, v; February 12, 1897   1897   1897   1897   1897   1897   1897   1897   1997	6.(b) Name of husban	d or wife			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decease	sed from
8. AGE: Years Months Days It less than one day 51 1 25			6.	(c) It alive, give ageyears			19.00
8. AGE: Years Months Days It less than one day 51 1 25 hrs. min.  9. Birthplace. Welbourne-Worcester-Maryland 10. Usual occupation. Farmer 11. Industry or business 12. Name. John Roberts 13. Birthplace Welbourne, Maryland 14. Maiden name. Elizabeth Broughton 15. Birthplace Stockton, Maryland 16. Informant. Essie Mills Address Welbourne, Maryland 17. Burial Burial Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Which) Date thereof April 10.1948 (Burial, cremation, or removal, Windeld) 18. Funeral director. H. Harvey Bradshaw  19. Birthplace Welbourne, Maryland  19. Burial Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Windeld)  19. Burial Bate thereof April 10.1948 (Burial Bate thereof April 10.1948 (	7. Birth date of	Febmiarv	12.	1897	and that I last saw h. J	- CUPLUS	19 7 . 4
September   Sept					Immediate cause and death	usl	DURATION
8. Birthplace Welbourne-Worcester-Maryland  10. Usual occupation Farmer  11. Industry or business  12. Name John Roberts  13. Birthplace Welbourne, Maryland  14. Maiden name Elizabeth Broughton  15. Birthplace Stockton, Maryland  16. Informant Essie Mills  Address Welbourne, Maryland  17. Burial (Burial, cremation, or removal, Which?)  Cemelery or cremator, or removal. Which?)  Cemelery or cremator, wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director He Harvey Bradshaw  Due to Due t	• • • • • • • • • • • • • • • • • • • •	3	0.5	hre min	Cereval		
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10. Usual occupation. Farmer  11. Industry or business  12. Name. John Roberts  13. Birthplace Welbourne, Maryland  14. Maiden name Elizabeth Broughton  15. Birthplace Stockton, Maryland  16. Informant. Essie Mills  Address Welbourne, Maryland  17. Burial Date thereof April 10.1948 (Burial, cremation, or removal, Which?)  Cemetery or cremator Wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  Injured at home, farm, Industry, public place (where?)  Manas of Injury  Injured at work?	9. Birthpiace	Welbourn	e-WO	rcester-Marylan	Due to.	The course	•••••
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Diher conditions  Date of op.  Antapsy resalta.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide.  Date of op.  Where did Injury occur?  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Masans of Injury  Injured at work?			**************		Due to.		***************************************
13. Birthplace Welbourne, Maryland  14. Maiden name Elizabeth Broughton  15. Birthplace Stockton, Maryland  16. Informant Essie Mills  Address Welbourne, Maryland  17. Burial Burial Date thereof April 10, 1948 (month) (day) (year)  Cemelery or cremator, Wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  Major fiadiags af aperatians.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Masans of injury Injured at work?					Williamslers	•••••••••	***************************************
14. Maiden name. Elizabeth Broughton  15. Birthplace Stockton, Maryland  16. Informant. Essie Mills  Address Welbourne, Maryland  17. Burial Date thereof April 10.1948 (Burial, cremation, or removal, Which?)  Cemelery or crematory ward town Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director. H. Harvey Bradshaw  (Include pregnancy within 3 months of death)  Major fiadiags af aperatians.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  Accident, suicide, or homicide. Date of op.  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Major fiadiags af aperatians.	里 12. Name				Dither conditions		
16. Informant Essie Mills  Address Welbourne, Maryland  17. Burial Bate thereof April 10.1948 (Burial, cremation, or removal, Which?)  Cemetery or crematory Ward town Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  Major fiadiags af aperatians.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Major fiadiags af aperatians.					(Include programey within 2	months of death)	
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Actapsy results.  Address Welbourne, Maryland  17. Burial Date thereof April 10, 1948 (month) (day) (year)  Cemelery or crematory Wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  Actapsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manage of Injury  Injured at work?	10				,	<b>8</b> . 1 1	
Address Welbourne, Maryland  17. Burial Date thereof April 10, 1948 (Burial, cremation, or removal, Which?)  Cemelery or cremator Wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Injured at work?	= 15. Simplace	4	-				
Address Welbourne, Maryland  17. Burial (Burial, cremation, or removal, Which?)  Cemelery or cremator Wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide	16. Informant				PHYSICIAN: Please anderline the cause to w	hich death should be charged s	tatistically.
17. Burial (Burial, cremation, or removal, Which?)  Cemelery or crematory Wardtown Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  Date thereof April 10.1948 (month) (day) (year)  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manas of Injury  Injured at work?	Address	Welbourne	, Mary	land			
Cemelery or cremator Ward town Cemetery  Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Manne of Injury  Injured at work?	17	Burial	Date the	reof April 10,1948	22. VIULENCE: It death was due to external ca		
Location Md-Va Line, Pocomoke Rt. #3  18. Funeral director H. Harvey Bradshaw  Injured at home, farm, industry, public place (where?)  Injured at work?							***************************************
18. Funeral director H. Harvey Bradshaw Msans of Injury Injured at work?	Cemelery or crema	otor,Wardtown	Ceme	etery	(City or town)	(County)	(State)
18. Funeral director H. Harvey Bradshaw Msans of Injury Injured at work?	Location	Md-Va Li	ne, l	Pocomoke Rt. #3	injured at home, farm, industry, public place (v	rhere?)	
			y Br	adshaw	Means of Injury	Injured at work?	
Address Pocomoke City, Maryland, 1/2 Carlonus, 1/1	ALC: N				ns son	en in	_
C A D 23. SIGNATURE	Address .		7	7 = 201.4	23. SIGNATURE	M. D. o	rother .
19. April 12, 19 +8 Anne 6. Whole Recistrar Address Premote and Pate signed 2 Upril &	19 april	12, 1948		Inne 6. Thele	of make	had I	2 april &





APR 14 1948

WREAU V. S.

BINDING

FOR

RESERVED

MARGIN

EASE W

CERTIFICATE OF DEATH

Reg. Diat. No. 357

1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give swidence of mother)  State City or lown
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME glange a Smack	3. (b) Socia
Male White Manuel  Male White Manuel	MEDICAL CERTIFICAT
6.(b) Name of husband or wife All Co. Sanaka.  7. Birth date of deceased (mo., day, yr.) OCT. 6—  8. AGE: Lears Months Days It less than one day hrs. min.  9. Birthplace Lower Months Days occupation.  10. Usual occupation.  11. Industry or business Of Company Sanaka.  12. Name Colgan Sanaka.  13. Birthplace Manda Allakary.  15. Birthplace Of Manda Allakary.  15. Birthplace	21. I CERTIFY that death occurred on the date above stated; that the state of the s
16. Informant And College Control of Control	Autopsy results PHYSICIAN: Please underline the cause to which death should  22. VIOLENCE: If death was due to external causes, fill in the fol Accident, suicide, or homicide
(Date rec'd by registrar) Registrar	Address Praw A-CA

limits, write RURAL and give nearest town) t, give LOCATION) 3. (b) Social Security Number thin 3 months of death) .. Date of op. .... e to which death should be charged statistically. rnal causes, flil in the following: (State) (County) lace (where?) .... injured at work?

# RECEIVED

APR 26 1948

BUREAU V. S.

	ATU.		2. USUAL RESIDENCE (HOME) OF DECEASED:		
1. PLACE OF DEATH: Worcester			(For newborn infants give residence of mother) Worce S	(For newborn infants give residence of mother) Worcester	
Dogomoke			Maryland Somoreot		
City or 10wn					
How long in above place of death Jifetime			(If outside city or town limits, write RURAL and give	City or town. Pocomoke (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: 513 Young St			Street No. 513 Young St.	Street No. 513 Young St.	
			(If rural, give LOCATION)	(If rural, give LOCATION)	
How long in hospital o	institution? ***	·**	2.(a) If veteran, name war ******		
3. (a) FULL NAM	E		3. (b) Social Securi	ity Number	
Larry Lorenzo Tull			海咪米米米米	**	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	Single	20. DATE OF DEATH April 14 19.4.	7.05	
E (h) Name of husband	or wife ****	*	21. I CERTIFY that death occurred on the date above stated: That I alrended to	eceased from	
			19 , 16	19	
7. Birth date of	0 22 cm2 cm 4	16, 1946	and that I last saw halive on	19	
deceased (mo., day.		And the second s	Immediate cause uf death	DURATION	
8. AGE: Year			acute rulestud		
	8	28hrs.	min. My cestion		
9. Birthplace	Pocomo	ke-Worcester-Md	Due to	*****	
		ounty, and atate)			
1D. Usual occupation.	None		Due to		
11. industry or business None					
Harry Sturgis			Other conditions		
Harry Sturgis 12. Name Harry Sturgis Pocomoke, Md.					
	Annia	Marie Tull	(Include pregnancy within 3 months of death)	(Include pregnancy within 3 months of death)	
E 14. maiden name			Majur findings of operations.		
			Date of op		
16. Informant Annie Marie Tull			Autupsy results		
Address	Pocomo	oke, Md.	PHYSICIAN: Please underline the came to which death should be char-	ged statistically.	
17	Burial	- Date thereof Apr 16 19 (month) (day) (ye	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation	or removal. Which?)	(month) (day) (ye			
Cemetery or cremat	st. Ja	mes Cemetery	Where did finjury occur?	(State)	
Location	Pocomo	oke, Md.	injured at home, farm, industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw			Means of injury Injured at work?	1327	
TO THE STREET			742 Mr Ja . 1.1	1 Hins	
Address	Cristi	ield. Md.	1 9 1 17 11/1 4 11/1 4 11/1	1100	

MARGIN RESERVED FOR BINDING

